2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 26, 2007 8:00 am Secretary of State **DOCUMENT # L89130** 02-26-2007 90070 031 ***150.00 SUN COAST CONVERTERS INC. Principal Place of Business Mailing Address 819 NAVY ST 819 NAVY ST FT WALTON BEACH, FL 32547 FT WALTON BEACH, FL 32547 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3020540 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOAN WEBB, JOSEPH H Street Address (P.O. Box Number is Not Acceptable) 123 BEACH DR FT WALTON BCH, FL 32547 City F1 WALTONBCH 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. : 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD PD TITLE Delete TITLE Addition WEBB JOAN M. WEBB, JOSEPH HILTON NAME NAME 123 BEACH DR 123 BEACH DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT WALTON BEACH, FL CITY-ST-ZIP FT WALTON BEACH FL 325 STD Delete TITLE TITLE WEBB, JOAN M. NAME NAME STREET ADDRESS 123 BEACH DR STREET ADDRESS CITY-ST-ZIE FT WALTON BEACH, FL CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WOLVERTON, RONALD W NAME STREET ADDRESS 7 ISLANDVIEW DR STREET ADDRESS CITY - ST - ZIP MARY ESTHER, FL 32569 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST- ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Joan M Webb

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

Addition